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PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number
200116.402C2

In re Application of Julie D. Saba et al.

Application Number 10/053,510

Filed January 17, 2002

For SPHINGOSINE-1-PHOSPHATE LYASE POLYPEPTIDES,
POLYNUCLEOTIDES AND MODULATING AGENTS AND METHODS OF USE
THEREFOR

Group Art Unit
1652

Examiner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a
Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown
above is reduced by one-half, and the resulting fee is: \$ 55.00.

☒ A check which includes the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this
application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required
to Deposit Account Number 19-1090.

☒ The Commissioner is hereby authorized to charge any deficiency,
or credit any overpayment, to Deposit Account Number 19-1090.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

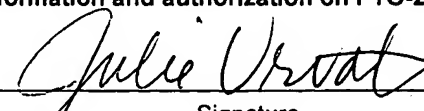
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

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be included on this form. Provide credit card information and authorization on PTO-2038.**

July 15, 2002

Date


Signature
Julie A. Urvater, Ph.D.
Typed or printed name

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.**

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any
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